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**DATE:** March 15, 2006

**TO:** Office of Patent Publications

**FAX NO.:** (571) 273-2885

**FROM:** Arles A. Taylor, Jr.

**RE:** Serial No. 10/627,195; Atty Docket No. 1577/2/2/2

NUMBER OF PAGES TO FOLLOW: 4

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**COMMENTS:**

**Attachments:** Transmittal Letter (1 page);  
Issue Fee Transmittal (1 page) in duplicate; and  
Change Of Address Form (1 page).

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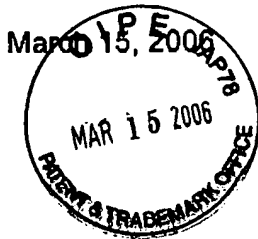
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I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office on the date shown below.

Amy Yost  
Amy Yost  
Date of Signature 3/15/2006

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: U.S. Patent Application Serial No. 10/627,195 for  
WOUND HEALING COMPOSITIONS AND METHODS OF USE  
Our Ref. No. 1577/2/2/2 CON

Sir:

Enclosed in connection with the above-referenced patent application please find the following:

1. Base Issue Fee Transmittal Form (1 page) in duplicate; and
2. Change of Address Form (1 page).

The Commissioner is hereby authorized to charge any fees associated with the filing of this correspondence to Deposit Account No. 50-0426.

Please contact our offices if there are any questions.

Respectfully submitted,

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Enclosures

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